

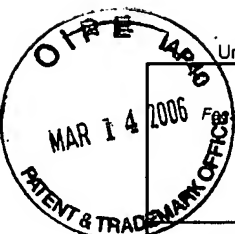
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PTO/SB/17 (01-06)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)

FEE TRANSMITTAL **For FY 2006**

Complete if Known

<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27		Application Number	10/614,223
		Filing Date	January 8, 2003
		First Named Inventor	AKIHIRO SATO ET AL.
		Examiner Name	Susan S.Y. Lee
		Art Unit	2852
		Attorney Docket No.	03500.015870.1
TOTAL AMOUNT OF PAYMENT			(\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
<u>2</u> - 20 or HP = <u>0</u> x <u>0</u> = <u>0</u>					<u>0</u>	<u>0</u>
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>1</u> - 3 or HP = <u>0</u> x <u>0</u> = <u>0</u>			
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	
Other:		

SUBMITTED BY		
Signature		Registration No. (Attorney/Agent) 30,110
Name (Print/Type)	Lawrence A. Stahl	Telephone 212-218-2100
		Date: March 14, 2006

LAS:eyw

03500.015870.1



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Susan S.Y. Lee
AKIHIRO SATO, ET AL.)	
	:	Group Art Unit: 2852
Application No.: 10/614,223)	
	:	Confirmation No.: 7279
Filed: January 8, 2003)	
	:	
For: SHEET TREATING APPARATUS,)	July 8, 2003
METHOD OF MOUNTING SHEET	:	
TREATING APPARATUS, AND IMAGE)	
FORMING APPARATUS	:	

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the outstanding Official Action dated January 11, 2006,

Applicants submit the following amendments and remarks.